Quality & Accreditation Institute

Centre for Accreditation of Health & Social Care

Change Adapt Improve

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2026-2030

Accreditation Standards for Hospitals

Second Edition, September 2026



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I Introduction

Quality- a common but very strong word used in healthcare. It makes a lot of sense for a good quality when it comes to patient care as bad quality may leads to bad outcomes which means compromise on patient safety. A lot is being talked about patient safety and enormous efforts are being made in this direction by governments, international agencies, individual healthcare facilities and healthcare professionals. Quality is an important pillar to achieve the agenda of 'Universal Health Coverage' and therefore, it is important that governments and stakeholders work together to promote quality in health services.

In hospitals, at times many activities are considered as done however there are no evidence because they were not documented. In absence of documentation, it may lead to an error which was certainly preventable. Around the world, every day several medical errors are occurring and as literature says that most of them are preventable. It means there is a lack of implementing a correct practice, proper documentation and monitoring. These are all linked to patient safety. Now, there is a WHO Global Patient Safety Action Plan 2021-2030 adopted by the World Health Assembly signifying the importance of patient safety in healthcare system.

'Standards' world over has been used as a framework to achieve desirable goals and healthcare is not an exception. Standards for accreditation have always laid down a set of requirements which are usually higher than basic requirements for licensing. Standards provide an opportunity to healthcare providers to look at their systems, policies, procedures and processes to see whether they are able to achieve something better in terms of structures, processes and outcomes.

These standards for accreditation of hospitals are developed keeping these aspects in mind and in a manner easily understood by healthcare facilities to adapt and implement. These standards are meant to be used for accreditation of whole hospital and not a part of it. This set of standards if implemented in a hospital would certainly show benefits like increased patient and staff satisfaction, enhanced patient safety (e.g., reduction in infection rates, adverse incidents, medication errors etc.) and transparency in functioning and of course better clinical outcomes.

These standards were developed using the principles of International Society for Quality in Health Care External Evaluation Association (ISQuaEEA) for developing the standards which follow framework of RUMBA (Relevant, Understandable, Measurable, Beneficial and Achievable). Further, ISQuaEEA has published 6th edition of standards and therefore, these standards have been aligned to the new 6th edition.

These standards are comprised of **10 chapters, 90 standards and 464 criteria**. Criterion is the measurable component of the standard. We are hopeful that hospitals as well as their patients would find these useful and we seek your feedback on continuous basis to improve them as part of our regular review and revision process which will generally takes place every three to four years.

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On behalf of the Board of QAI's Centre for Accreditation of Health & Social Care (CAHSC), I would like to immensely thank the Technical Committee and reviewers involved for their efforts, time and commitment leading to the revision of these accreditation standards for hospitals to improve Quality and Safety.

Dr. B.K. Rana
Founding CEO, QAI

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III Standards Framework

This set of accreditation standards have a defined framework making them easy for hospitals and assessors to use. These standards are categorised into 10 Chapters as mentioned. Each Chapter is divided into a number of Standards and each Standard is further divided into a number of criteria. Criterion is a measurable element to evaluate the compliance against that specific standard. Ten chapters together cover all components of care continuum in a hospital. The framework is as follows:

Sl. No.	Name of Chapter	No. of Standards	No. of Criteria
1	Governance and Leadership (GAL)	7	26
2	Human Resource Management (HRM)	9	38
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10	Hygiene and Infection Control (HIC)	8	51
	Total	**90**	**464**

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Illustration of how the standard is structured:

Chapter is referred as acronym e.g., Governance and Leadership is referred as GAL. Standards are numbered as GAL.1, GAL.2 etc. and criteria are numbered as GAL.1.a, GAL.1.b etc.

Standard framework can be depicted as follows:

Chapter
    Standard
        Criterion

Chapter 1. Governance and Leadership (GAL)

Standard GAL.1: The governing body is committed to, and actively engaged in, quality and safety.

Criteria GAL.1.a: The governing body documents its vision, mission and values.

Criteria GAL.1.b …….

Scoring methodology:
Each criterion is scored at a scale of 10/5/0/NA based on the compliance as per below principle:

- Compliance to the requirement: 10 (≥70% samples complying)
- Partial compliance to the requirement: 5 (30 to 69% samples complying)
- Non-compliance to the requirement: 0 (<30% samples complying)
- Not Applicable: NA (There may be a possibility that some of the standard/criterion is not relevant to a specific type of hospital based on its services, in such case that standard/criterion shall be rated as NA)

Evaluation Criteria for accreditation decision:
The hospital must meet the following criteria for the award of accreditation. In addition, an Action Plan to be prepared for addressing criterion having received a score of 0/5.

- No zero is accepted in the regulatory/ legal requirements.
- The average score for individual standard must be ≥5.
- The average score for individual chapter must be ≥7.
- The overall average score for all chapters must be >7.

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Chapter 1
Governance and Leadership (GAL)

Introduction

Each hospital requires a governance structure that is ultimately responsible for the quality and safety of services provided. This responsibility is derived from its legal identity and operational authority for all activities undertaken by the hospital within the ambit of applicable laws and regulations. Each Hospital, regardless of its complexity, also has a formal structure. Leaders ensure that a system exists that promotes safety and quality, provision of services that meet the needs of patient, availability of adequate resources e.g., human, financial & physical and, monitoring and evaluation of improvement activities.

STANDARDS AND CRITERIA		
Standard	**GAL.1:**	**The governing body is committed to, and actively engaged in, quality and safety.**
Criterion	**a.**	The governing body documents its vision, mission and values.
	b.	Expectations of management and leaders to create and maintain a culture of safety and quality is documented.
	c.	The hospital should have documented strategic and operational plan aligned with its services and annual budget.
	d.	The hospital periodically (minimum annually) updates and controls all documented plans, policies and procedures.
	e.	The hospital defines governance arrangements along with roles, responsibilities and delegations for operational, clinical and financial management.
Standard	**GAL.2:**	**The governing body is accountable for the quality and safety of care delivered.**
Criterion	**a.**	The governing body has oversight over quality & safety plan.
	b.	Quality & safety plan are defined by management and implemented by designated staff.
	c.	Governing body implement a system for internal and external reporting of system and process failures.
	d.	Governing body will have an oversight of the use of Digital care system / Artificial Intelligence (AI) and will receive periodic (at-least annual) report on the same.
Standard	**GAL.3:**	**Governing body receives reports about quality and safety monitoring and audits in the hospital.**
Criterion	**a.**	Governing body ensures that corrective and preventive actions are implemented in a timely manner.
	b.	Management ensures that it has a documented agreement for all

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		outsourced services that include service criteria and evaluation on periodic basis.
	c.	Those responsible for governance address the hospitals (ESG) environmental sustainability and governance goals.
Standard	**GAL.4:**	**Accountability and responsibility of key leadership functions are assigned.**
Criterion	**a.**	There is a documented and updated organogram.
	b.	Leadership roles are defined, assigned based on requisite qualifications, experience and are supported.
	c.	Management is aware of applicable laws and regulations and periodically updates the same and complies with the same.
	d.	The performance of the hospital's leader is reviewed for effectiveness by the governing body.
	e.	The performance of the various hospital committee's is reviewed for effectiveness by Hospital Leadership.
Standard	**GAL.5:**	**The hospital plans services to meet the needs of the patient population it serves.**
Criterion	**a.**	The hospital provides services that are in alignment with its mission, vision and the needs of its patients.
	b.	The hospital coordinates the functioning with departments and external agencies and monitors the progress in achieving the defined goals and objectives.
	c.	The hospital develops an annual operating budget including quality & safety to run its services.
	d.	The hospital documents the service standards that are measurable and monitors them.
	e.	Hospital discloses relevant performance results and outcome data publicly available as per applicable policy and regulatory requirement.
Standard	**GAL.6:**	**The hospital delivers services and makes decisions in accordance with its values and ethical principles.**
Criterion	**a.**	The hospital discloses its ownership and honestly portrays its affiliations and accreditations.
	b.	The ethical management framework includes processes for managing issues with ethical implications, dilemmas and concerns.
Standard	**GAL.7:**	**Clinical responsibilities are defined and supervised by qualified and experienced personnel.**
Criterion	**a.**	Qualifications are in accordance with the laws, statutes and regulations.
	b.	The designated individual is responsible for the medical services of the hospital.

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Chapter 2
Human Resource Management (HRM)

Introduction

Human Resources include all the people that work in, for or with the hospital and they are integral to ensuring the delivery of quality, patient- centred and safe care. The hospital must be able to assure the public or patients that it can meet their needs and deliver quality and safe care through a team of dedicated and qualified staff. The support includes the management team providing a safe physical environment for staff to work in, which is free from harassment or accidents.

STANDARDS AND CRITERA		
Standard	**HRM.1:**	**The hospital has a documented process for human resource planning.**
Criterion	**a.**	The hospital has suitably qualified and trained adequate manpower to provide the defined scope of services.
	b.	The hospital defines the skills, qualifications or competencies that is required to achieve its service objectives.
	c.	The hospital has a documented job description and job specification for all category of staff and the staff are made aware of their job description.
	d.	The hospital applies due diligence to ensure that potential staff is free from any criminal background.
Standard	**HRM.2:**	**The hospital has adequate professional and technical staff.**
Criterion	**a.**	The hospital shall have a group of professionals, as required, whose quality and quantity meet the care needs of the patients.
	b.	The hospital shall have adequate medical, nursing and allied and healthcare professionals
	c.	The hospital shall have adequate support staff to support clinical and non-clinical functions.
Standard	**HRM.3:**	**The hospital has a documented recruitment process.**
Criterion	**a.**	The hospital has a defined recruitment process.
	b.	Hospital have processes in place to monitor, review and respond to issues of equality, diversity, inclusion and equity in recruitment, work allocation, scheduling and promotions of staff.
	c.	There is a process for evaluation/ periodic re-evaluation after recruitment/ probation of new employees.
	d.	There is a documented procedure for orientation of staff in a time bound manner.
	e.	Orientation at minimum shall include providing information about hospital, its mission, vision and values, grievance handling (including gender harassments), appraisal and disciplinary procedures, hospital wide

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		policies and procedures, employee rights and responsibilities, patient's right and responsibilities, training on CPR / BLS, Service standards, equality, diversity, inclusion and equity, sustainability and performance appraisal system.
	f.	The hospital defines and implements the code of conduct for staff.
Standard	**HRM.4:**	**The hospital has a documented performance evaluation process.**
Criterion	**a.**	The hospital has a standardised documented process for evaluating the performance of its staff.
	b.	Performance evaluation is used as a tool for further development.
Standard	**HRM.5:**	**The hospital has a continuous training and professional development programme for its staff including outsourced staff.**
Criterion	**a.**	There is a documented professional development policy for staff.
	b.	Staff are provided required technical training at regular intervals and also when job responsibilities change/ new equipment or department introduced.
	c.	Staff are trained on hospital safety programme, safety related to occupation, hospital disaster management plan, fire and non-fire emergencies, surrounding environment and quality improvement programmes.
	d.	Evaluation of effectiveness of all training and feedback mechanism for improvement is done by the hospital.
	e.	The hospital supports continuing professional development, learning and training.
Standard	**HRM.6:**	**A documented disciplinary and grievance handling system exists in the hospital.**
Criterion	**a.**	Disciplinary and grievance handling policies and procedures including those for violence and harassment are documented.
	b.	These policies and procedures also address requirements of applicable laws.
	c.	Staff are made aware about such policies and procedures.
	d.	Actions are taken to address the grievances and complaints and same is documented.
Standard	**HRM.7:**	**A documented policy exists to address health and safety needs of staff.**
Criterion	**a.**	Staff well-being and psychological safety is promoted with a view to manage stress, work-life balance and healthy life-style programmes.
	b.	The staff is subjected to a pre-employment medical examination.
	c.	The staff engaged in direct patient care is subjected to at-least annual health check-ups and results are recorded.
	d.	The staff is vaccinated as needed.
	e.	Health issues including occupational health hazards of staff are addressed as per documented policy.

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	f.	The hospital has measures in place for prevention and handling of workplace violence's.
	g.	The hospital should have a systematic mechanism to obtain staff feedback regarding their work experience and implement improvements based on the feedback received.
Standard	**HRM.8:**	**The hospital has a documented system of credentialing and privileging of medical, nursing and allied and healthcare professionals.**
Criterion	**a.**	The hospital identifies the medical, nursing and allied and healthcare professionals those are permitted by law to provide respective care.
	b.	Hospital verifies credentials of medical, nursing and allied and healthcare professionals.
	c.	Medical, nursing and allied and healthcare professionals are privileged to provide required care as per their credentials based on education, registration, training and experience.
	d.	Medical, nursing and allied and healthcare professionals' privileges are periodically updated.
	e.	Medical staff admit and care for patients as per their privileges.
Standard	**HRM.9:**	**The hospital has a documented system of maintaining personnel files for all staff members.**
Criterion	**a.**	Personnel file is a document that contains at least the personal information, qualifications; licenses or registration (wherever applicable), health check-up, credential and privileges; results of evaluation and appraisals, employment history, trainings attended, job description and disciplinary actions.
	b.	A personnel file is maintained and updated as necessary for each staff member and their confidentiality is ensured.

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Chapter 3
Facility, Risk and Sustainability Management (FRM)

Introduction

The hospital shall ensure the delivery of safe, effective, and quality care by proactively identifying, assessing, and mitigating risks that may impact patient, staff, or visitor safety. Care and treatment processes should be designed to prevent avoidable harm, support clinical excellence, and promote a culture of continuous risk management.
Resources shall be planned, managed, and utilized efficiently and sustainably to maintain service quality and long-term resilience. The hospital shall ensure that competent and adequately trained staff, safe infrastructure, reliable equipment, and sufficient supplies are available.

STANDARDS AND CRITERIA		
Standard	**FRM.1:**	**Facility is appropriate to scope of services and is managed in accordance with applicable laws and regulations.**
Criterion	**a.**	There is a process for planning, designing, development and maintenance of the infrastructure to ensure optimum quality and safety outcomes and complying with all statutory requirements.
	b.	The updated drawings are available which deal with site-layout, floor plans, fire including emergency escape routes, electrical, plumbing, HVAC and piped medical gas drawings.
	c.	The management ensures the availability of adequate infrastructure (building, space, equipment, manpower and supplies etc.) to provide the defined scope of services.
Standard	**FRM.2:**	**There is a documented plan focusing on safety and security.**
Criterion	**a.**	The hospital has a plan to address identified safety and security threats which is reviewed periodically at the minimum annually.
	b.	The plan provides and maintains safe and secure environment for patients, staff and visitors and process of identifying them.
	c.	Patient-safety devices & required infrastructure are installed across the hospital and inspected at regular intervals.
	d.	The hospital has facilities for the differently-abled.
	e.	The hospital has a multidisciplinary safety committee to address issues of safety and security.
	f.	The hospital conducts facility inspection at least once every quarter of the year to identify security and safety risks and findings from inspection are acted upon.
	g.	There is signage both internally and externally available in the hospital in a language understood by patient, family and community.
	h.	The hospital defines accountability and oversight mechanisms for safety management activities.

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Standard	**FRM.3:**	**There is a documented plan and system for management of hazardous material.**
Criterion	**a.**	Hazardous materials are managed in accordance with the best practices, applicable laws and regulations.
	b.	Documented plan includes those hazardous materials are identified, sorted, labeled, handled, stored, transported, disposed and used safely within the hospital.
	c.	Staff is trained on the proper use of protective equipment and procedures during use, storing, handling, transportation, disposal, spill or exposure to hazardous materials.
Standard	**FRM.4:**	**The hospital has round the clock provision of potable water and electricity.**
Criterion	**a.**	The hospital ensures round the clock availability of potable water and electricity.
	b.	The hospital has alternative sources of water and electricity.
	c.	There is a potable water and electricity management programme that includes inspection, maintenance and testing of the systems including alternative sources on regular basis.
Standard	**FRM.5:**	**There is a documented Fire Emergency Response Plan which is reviewed periodically at the minimum annually.**
Criterion	**a.**	The hospital has plans and earmarked resources to manage fire emergencies.
	b.	There is a maintenance plan for fire related equipment and support infrastructure.
	c.	The effectiveness of the plan including evacuation is tested at predefined intervals as per the local laws / regulations or at least once in a year.
	d.	The hospital identifies the individual (s) to oversee function of the emergency response plan.
	e.	Staff are educated on the fire safety plan.
Standard	**FRM.6:**	**There is a documented Non-Fire Emergency Response Plan which is reviewed periodically at the minimum annually.**
Criterion	**a.**	The hospital has plans and earmarked resources to manage non-fire emergencies arising from natural disaster.
	b.	The hospital has plans and earmarked resources to manage emergencies arising from man-made disaster.
	c.	The hospital identifies the individual (s) to oversee function of the Non-Fire Emergency Response Plan.
	d.	Staff are educated on the non-fire safety plan.
Standard	**FRM.7:**	**There is a documented programme for the facility, engineering support services, utility system and biomedical equipment management which is reviewed periodically at the minimum annually.**

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Criterion	**a.**	The programme includes comprehensive risk management in facility, engineering support services, utility system and biomedical equipment management annually.
	b.	The hospital ensures availability of required engineering support services, utility systems and bio-medical equipment as per its scope of services.
	c.	There is defined process of equipment procurement.
	d.	The hospital maintains a list of all equipment required and equipment logs are maintained.
	e.	There is a documented operational and maintenance (preventive/ breakdown) plan for all equipment.
	f.	Qualified/ appropriate experienced staff operates, inspect and maintain equipment.
	g.	Equipment is periodically inspected and calibrated as applicable to ensure proper functioning.
	h.	Equipment disposal is in accordance with as per manufacturer's decommissioning guidelines and/or applicable laws and regulations.
Standard	**FRM.8:**	**The hospital has a programme for medical gases, vacuum and compressed air which is reviewed periodically at the minimum annually.**
Criterion	**a.**	Documented procedures govern procurement, handling, storage, distribution, usage and replenishment of medical gases.
	b.	Alternate sources for medical gases, vacuum and compressed air are available and are regularly tested.
	c.	There is a documented operational, inspection, testing and maintenance plan for, piped medical gas, compressed air and vacuum installation.
Standard	**FRM.9:**	**A documented risk management plan is implemented which is reviewed periodically at the minimum annually.**
Criterion	**a.**	There is a documented risk management policy and plan including risks arising due to construction & renovation activities.
	b.	Risk management plan must include risk register which should be updated periodically.
	c.	There is a process for proactive identification, evaluation and management of immediate and potential risks to patients, visitors, staff and environment.
	d.	The hospital conducts periodic reviews to assess environmental impact and service sustainability and implements suitable measures to mitigate adverse environmental effects arising from its activities.
	e.	The hospital explores and implements, where practicable and safe, measures for reduction, re-use or recycling of waste as good environmental practices.

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	f.	Staff are provided information on the hospital's strategic approach and goals for environmentally sustainable care, to promote a culture of environmental awareness as a component of quality and safety.
	g.	The management promotes responsible stewardship of natural and material resources in planning, procurement and use of supplies.
	h.	The hospital manages its consumption of energy from various fuel sources and, where feasible, implements measures to improve energy efficiency and reduce dependence on fossil fuel based energy sources, considering patient and staff safety.

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Chapter 4
Information Management System (IMS)

Introduction

An effective information management system is based on the information needs of the hospital. The system should be able to capture, transmit, store, analyse, utilise and retrieve information as and when required for improving clinical outcomes as well as individual and overall performance of the hospital. Information can be in any form- paper or electronic or a mix of both.

STANDARDS AND CRITERIA		
Standard	**IMS.1:**	**Documented policy and procedure exist to meet the information needs of the hospital.**
Criterion	**a.**	Documented policies and procedures to meet the information needs exist.
	b.	Information management and information technology are in accordance with the laws and documented policies and procedures.
	c.	The information needs of the hospital are identified and are appropriate to meet the stakeholder requirements and as per the scope of the services being provided by the hospital.
	d.	The hospital contributes to external databases in accordance with the law and regulations.
	e.	Documented policies and procedures guide the use of telemedicine services and electronic medical record (EHR) in accordance with the applicable norms and guideline.
	f.	Maintenance plan and Contingency plan for information system is defined and implemented.
Standard	**IMS.2:**	**The hospital shall have documented governance, security and monitoring systems for digital care (including telehealth and virtual consultations) and artificial intelligence (AI), with regular evaluation to ensure safe, effective and quality patient care.**
Criterion	**a.**	The hospital shall have a documented process for the assessment, financial evaluation, implementation, and on-going management of digital care systems.
	b.	The hospital shall ensure that the use of digital care does not adversely impact patients who are unable to access or use digital technologies.
	c.	The hospital shall ensure availability of technical expertise for effective implementation and management of digital care systems.
	d.	The hospital shall have documented policy on Artificial Intelligence (AI) systems whenever used, are implemented and managed in compliance with applicable national/regulatory requirements or, in their absence, as per established best practice guidelines.
	e.	The hospital shall monitor and evaluate the use of Artificial Intelligence (AI) systems to ensure consistent human oversight, safe and high-quality care, and mitigate any unintended consequences.
	f.	The hospital shall consult clinical and support staff prior to

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		implementation of Artificial Intelligence (AI) systems.
	g.	The hospital shall have a documented policy defining accountability of healthcare professionals when care and treatment delivered with the support of Artificial Intelligence (AI) systems.
	h.	The hospital shall have a documented process to inform patients when care is delivered using Artificial Intelligence (AI) systems.
Standard	**IMS.3:**	**The hospital defines what constitutes a medical record.**
Criterion	**a.**	The medical record contains information regarding reasons for admission/ observation, assessment and re-assessment, diagnosis and care plan.
	b.	The medical record contains the results of investigation/ tests carried out and the care provided.
	c.	Procedures performed are incorporated in the medical record.
	d.	When patient is transferred to another hospital, the medical record contains the details of the transfer.
	e.	The medical record contains a copy of the treatment note/ summary duly signed by appropriate and qualified personnel.
Standard	**IMS.4:**	**The hospital maintains complete and accurate medical record for every patient.**
Criterion	**a.**	Every medical record has a unique identifier.
	b.	Policy identifies those authorised to make entries and amendments in medical record.
	c.	Entry in the medical record is named, signed, dated and timed.
	d.	The author of the entry can be identified.
	e.	The contents of medical record are identified and documented.
	f.	The hospital has a documented policy for usage of abbreviations and develops a list based on accepted practices.
	g.	The medical record provides a complete, up-to-date and chronological account of patient care.
Standard	**IMS.5:**	**The hospital has documented policy and procedure in place for maintaining confidentiality, integrity and security of records, data and information.**
Criterion	**a.**	Documented policy and procedure exist for maintaining confidentiality, security and integrity of records, data and information are in accordance with the applicable laws.
	b.	The hospital ensures safeguarding of data & record against loss, destruction and tampering.
	c.	Documented policy and procedure address the access of medical records by patients, in-house doctors, and other public/external agencies.
Standard	**IMS.6:**	**There is a documented policy and procedure exists regarding retention time of records, data and information.**
Criterion	**a.**	Documented policy and procedure are in place on retaining the patient's clinical records, data and information in accordance with best practices, local or national laws and regulations.
	b.	Confidentiality, security and integrity of such records and information is ensured.
	c.	The destruction of medical records, data and information is in accordance with the relevant statutory provisions.

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Standard	**IMS.7:**	**The hospital regularly conducts medical record audit.**
Criterion	**a.**	The medical record audit is periodically conducted.
	b.	The audit is conducted by personnel who are authorized to make entries in the medical record.
	c.	The audit points out any deficiency in medical records and also covers timeliness, legibility and completeness of the medical records.
	d.	Appropriate corrective and preventive measures, against any deficiency observed, are undertaken within a defined period of time and are documented.

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Chapter 5
Continual Quality Improvement (CQI)

Introduction

Quality Improvement recognises that the safety of the patient is paramount. A hospital that is focused on quality improvement continually looks for ways to promote patient safety and quality of care. Quality and safety improvements in healthcare include a patient-safety improvement programme that requires healthcare providers to proactively identify risk and to plan, implement and evaluate necessary changes to improve the quality and safety of services.

The hospital ensures regular evaluation of these programmes through performance indicators and benchmarks to identify both positive outcomes and areas for improvement. Any necessary actions to improve the quality and safety of the services are implemented and learning is disseminated both internally and externally.

STANDARDS AND CRITERIA		
Standard	**CQI.1:**	**The management plans and leads the quality improvement programme in the hospital.**
Criterion	**a.**	The leaders of the hospital are accountable for service performance and quality of service.
	b.	The leaders lead and plan the quality improvement and patient safety programme.
	c.	The leaders and management are involved and allocate resources for improvement in quality and safety.
Standard	**CQI.2:**	**There is a structured quality improvement and safety programme.**
Criterion	**a.**	Comprehensive quality improvement and patient safety programme is developed, documented, implemented, maintained and reviewed by multidisciplinary quality improvement and safety committee.
	b.	There is a designated individual (s) for coordinating the quality improvement and safety programme.
	c.	The designated programme is communicated and coordinated amongst all the staff of the hospital through appropriate training mechanism.
	d.	Regular audits are conducted to ensure continuous compliance to the programme.
Standard	**CQI.3:**	**The hospital measures clinical, managerial and environmental sustainability structures, processes and outcomes.**
Criterion	**a.**	Data collection requirements, including verification, for measurements of clinical and managerial structures, processes and outcomes are defined.
	b.	Measurements are used to determine areas for improvement.
	c.	Results of measurements are monitored, analysed and communicated to all concerned.
	d.	Hospital defines and measures key indicators for clinical structure, process and outcomes.
	e.	Hospital defines and measures key indicators for managerial structure, process and outcomes.

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	f.	Hospital defines and measures key indicators for safety structure, process and outcomes.
	g.	Hospital defines and measures key indicators for infection control structure, process and outcomes.
	h.	Hospital defines and measures patient reported outcomes.
	i.	Hospital defines and measures key indicator for environmental sustainability.
Standard	**CQI.4:**	**The hospital implements a system for clinical audit.**
Criterion	**a.**	Clinical audit policies and procedures are defined and in accordance as per current scientific evidence.
	b.	Medical and nursing staff participate in audit.
	c.	The criteria for audit are defined.
	d.	Patient and staff anonymity are maintained.
	e.	All audits are documented.
	f.	Concerned authority initiates action on the findings to make improvement.
Standard	**CQI.5:**	**Hospital has implemented robust incident reporting and monitoring mechanism.**
Criterion	**a.**	Type of reportable incidents and its management is defined and implemented.
	b.	Sentinel events are identified, reported, analysed and corrective and preventive actions are taken.
	c.	Risks identified through the incident reporting and monitoring mechanism are included in the risk management plan of the hospital.
	d.	Various stakeholders are informed of the incidents, analysis results and corrective and preventive actions are implemented.

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Chapter 6
Patient Assessment and Care (PAC)

Introduction

Patients are made aware of the services being offered through different modes. Processes are defined for various activities including registration, admission, referral and discharge. Patients once taken into the hospital either as an out-patient or as in-patient are assessed and re-assessed as per policy for their clinical needs and treatment.

STANDARDS AND CRITERIA		
Standard	**PAC.1:**	**The hospital defines and displays its scope of services.**
Criterion	**a.**	The hospital plans its services as per needs of the community and clearly defines those being provided.
	b.	Services being provided are displayed prominently bilingual language for easy access of the user.
	c.	Staff are made aware about the defined scope of services.
Standard	**PAC.2:**	**The hospital has a documented registration and admission process.**
Criterion	**a.**	The hospital has documented policy and procedure for registration of all patients.
	b.	Patients are accepted only if the hospital can provide the services.
	c.	A unique hospital identification number is generated for each patient upon registration.
	d.	The process includes identification and prompt attention to those in urgent needs.
	e.	Process addresses situation of non-availability of beds.
Standard	**PAC.3:**	**The hospital has appropriate and adequate process for transfer or referral of patients.**
Criterion	**a.**	The hospital has appropriate documented process that guide the transfer or referral of patients based on their health status and need.
	b.	Process includes transfer-in, transfer-out/ referral, intra-hospital transfer/ referral of patients.
	c.	Appropriate Equipment and staff as per clinical condition of the patient accompanies the patients during transfer/referral as required.
	d.	All patients transferred-out/ referred from the hospital receive a documented summary of condition and care provided.
Standard	**PAC.4**	**Hospital provides appropriate emergency and ambulance services.**
Criterion	**a.**	Emergency services are planned in accordance with laws, regulations and applicable national/ international guidelines.
	b.	Emergency services are appropriately and adequately equipped and staffed.
	c.	Documented processes guide provision of emergency services, handling medicolegal cases, triage of patients, patients found dead on arrival and those dying within few minutes of arrival.
	d.	Patients are appropriately assessed and re-assessed as necessary, and these are documented.

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	e.	Ambulance services is available as per the scope of hospitals services.
	f.	Ambulance services meet regulatory / statutory norms.
	g.	Ambulances are checked daily for fitness for use, medical equipment and emergency medications by the concerned trained personnel.
	h.	Care of patients while in transit is coordinated with hospital appropriately and same is documented.
Standard	**PAC.5:**	**Hospital provides appropriate and adequate laboratory services.**
Criterion	**a.**	Laboratory services are appropriate to the scope of services of the hospital.
	b.	Laboratory services are planned in accordance with laws, regulations and applicable national/ international guidelines.
	c.	Laboratory services are appropriately and adequately equipped and staffed.
	d.	Laboratory has documented processes covering pre- examination, examination and post-examination requirements in accordance with best practices/ evidence.
	e.	Documented processes include standardized reporting of results, defined turn-around-time for examinations/tests and prompt reporting of critical results.
	f.	Laboratory has documented quality control and quality assurance program, which is implemented, monitored and appropriate action are taken based on QC/QA reports.
	g.	Laboratory safety program is defined, documented, implemented, monitored and necessary actions are taken to address the same.
	h.	There is a system of laboratory equipment maintenance and calibration.
	i.	Outsourcing of lab services is done based on quality assurance system of external labs.
Standard	**PAC.6:**	**Hospital provides appropriate and adequate imaging services.**
Criterion	**a.**	Imaging services are appropriate to the scope of services of the hospital.
	b.	Imaging services are planned in accordance with laws, regulations and applicable national/ international guidelines.
	c.	Imaging services are appropriately and adequately equipped and staffed.
	d.	Imaging has documented processes covering appropriateness of test requested, screening/ pre-test instructions, imaging procedures, and post-examination requirements as applicable, in accordance with best practices/ evidence.
	e.	Documented processes include standardized reporting of results, defined turn-around-time for tests and prompt reporting of critical results.
	f.	Imaging service has documented quality control and quality assurance programme, which is implemented, monitored and appropriate action are taken based on QC/QA reports.
	g.	Imaging safety (including radiation safety) program is defined, documented, implemented, monitored and necessary actions are taken to address the same.
	h.	There is a system of imaging equipment maintenance and calibration.
	i.	Outsourcing of imaging services is done based on quality assurance system of external service providers.
Standard	**PAC.7**:	**Patients in the hospital are appropriately assessed.**
Criterion	**a.**	Assessments include initial assessment and periodic/regular re-assessment as applicable and appropriate for each patient.

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	b.	All patients (emergency, out-patients and in-patients) undergo an assessment based on their needs, age and condition.
	c.	The hospital defines the contents of the assessments.
	d.	Only qualified individuals that are identified by the hospital shall be responsible for assessment of patients within defined timeframes.
	e.	The nursing assessment is included as appropriate to the patient's condition.
	f.	All assessments are documented and signed / authenticated appropriately by staff.
	g.	The initial assessment of admitted patient is documented within one hour or earlier as per policy and is countersigned by treating doctor within 24 hours.
	h.	Assessments result in formulation/ modification of appropriate care/ monitoring plan and the same is documented.
Standard	**PAC.8:**	**The hospital ensures uniform care and continuity of patient care.**
Criterion	**a.**	Documented procedure guides uniform care to patients and care is provided according to the best practices and appropriate laws and regulations.
	b.	The care plan for every patient is individualised and is dependent on their needs at assessment and reassessment by a multidisciplinary approach
	c.	Care is provided in accordance with current clinical guidelines, protocols and pathways as appropriate.
	d.	Telemedicine and remote consultation services are provided in accordance with laws, regulations and best practices.
	e.	For each inpatient at all times there is a defined individual responsible for provision and coordination of care.
	f.	Patient care information is available and shared among designated care providers.
	g.	Documented procedures for transfer, referral, handover of patients within the hospital are implemented safely.
	h.	Hospital monitors clinical interventions consequent to critical value alerts from diagnostic services.
Standard	**PAC.9:**	**Resuscitation services are available throughout the hospital.**
Criterion	**a.**	Cardio- pulmonary Resuscitation services are always accessible to all patient in a timely manner.
	b.	Appropriate medical equipment, medications and trained staff provide resuscitation services.
	c.	Events and treatment provided during resuscitation events are recorded and resultant data is analysed by multidisciplinary committee to identify opportunities for improvements.
	d.	Identified improvements are implemented and monitored.
Standard	**PAC.10:**	**Hospital provides nursing care in accordance with standard protocols, practices and current evidences.**
Criterion	**a.**	Hospital defines and documents current nursing care protocols, practices and implement these.
	b.	Hospital ensures integration of nursing care with overall patient care and documents it.
	c.	Patient care assignment and nursing staffing is as per current practice guidelines.
	d.	Nurses are empowered to make decision for patient care as per their scope.

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Standard	**PAC.11:**	**Blood and blood products are provided as per scope of services of the hospital.**
Criterion	**a.**	Hospital complies with laws, regulations and best practices regarding provisioning of blood and blood products.
	b.	Documented procedures guide blood and component transfusion processes in the hospital.
	c.	Blood and blood products are used rationally and safely.
	d.	Monitoring during and after administration of blood & blood products is documented.
	e.	Timeframe for availability of blood and blood products is defined and implemented.
	f.	Transfusion reactions are identified, analysed and corrective and preventive actions are implemented.
Standard	**PAC.12:**	**Intensive care services are provided in an appropriate manner.**
Criterion	**a.**	Documented procedures guide provision and delivery of care in intensive and high dependency care units.
	b.	Admission and discharge criteria are defined and implemented in intensive and high dependency care units.
	c.	Intensive and high dependency units have adequate and appropriate equipment and trained staff.
	d.	Procedures for handling bed shortage in intensive and high dependency units are defined and implemented.
	e.	Infection control processes are implemented in accordance with current practice and evidence.
	f.	Defined procedures include periodic counselling of patients / family.
Standard	**PAC.13:**	**Management of high-risk services and vulnerable patients is guided by professional practice guidelines, laws and regulations.**
Criterion	**a.**	Documented procedures define identification of high-risk services and vulnerable patients.
	b.	Procedures are defined and implemented for safe care in high-risk services and care of vulnerable patients.
	c.	Procedures include managing risk of fall, thromboembolism and pressure ulcers etc.
	d.	Procedures include managing patients under restraints.
Standard	**PAC 14:**	**Documented procedure exists for the care of paediatric patients.**
Criterion	**a.**	The scope of paediatric services is defined.
	b.	Competent staff is available to provide appropriate care to children.
	c.	Provisions are made for special care of children.
	d.	Paediatric assessment includes growth, developmental & immunization history.
	e.	Paediatric services include education of family about immunisation, nutrition and safe parenting.
	f.	Appropriate security measures are in place to prevent child/ neonate abduction and abuse.
Standard	**PAC.15:**	**Pain management is appropriately addressed throughout the hospital.**
Criterion	**a.**	Documented policy and procedures guide pain management across all patient care services.

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	b.	Pain management policies and procedures shall be implemented.
Standard	**PAC.16:**	**Nutritional requirements are screened, assessed and addressed appropriately.**
Criterion	**a.**	Documented procedures define implementation of nutritional screening for all patients.
	b.	Patients are screened for nutritional risk.
	c.	Patients found at risk shall undergo detailed nutritional assessment and as necessary, reassessment by a trained professional.
	d.	Procedures for provision of patient diet including therapeutic diet are implemented in a collaborative manner.
	e.	Procedures for education of patients and families about nutrition and diet are implemented.
Standard	**PAC.17:**	**Rehabilitation services are consistent and appropriate.**
Criterion	**a.**	Rehabilitation services are aligned with the scope of services of the hospital.
	b.	Services are provided in a safe, consistent and collaborative manner.
	c.	Appropriate space, equipment and trained staff are available.
	d.	Services include functional assessment and reassessment of patient.
Standard	**PAC.18:**	**End of life and palliative care are provided appropriately.**
Criterion	**a.**	Documented procedures guide End of life and palliative care.
	b.	End of life and palliative care is consistent with laws, regulations and best practices.
	c.	Patient's and family's unique needs and symptomatic treatment needs are identified and addressed.
Standard	**PAC.19:**	**A documented discharge process exists.**
Criterion	**a.**	The hospital plans the discharge process in consultation with the patient and/or family.
	b.	Documented policy and procedure exist for patients leaving against medical advice.
Standard	**PAC.20:**	**A discharge/ treatment summary is provided to all patients.**
Criterion	**a.**	Discharge/ treatment summary contains the patient's name, unique identification number, treating physician name, qualification and registration number, date of admission and date of discharge duly signed by the appropriate qualified medical professional.
	b.	Discharge/ treatment summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.
	c.	Discharge/ treatment summary contains information regarding investigation results, any procedure performed, medication administered and other treatment given.
	d.	Discharge/ treatment summary contains follow-up advice, medication and other instructions in a manner understood by patient/ family.
	e.	Discharge/treatment summary incorporates instructions about when and how to obtain urgent care.
	f.	In case of death, patient records include death summary.

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Chapter 7
Patient Rights and Education (PRE)

Introduction

Patient is in the centre of the care being provided in a hospital. Patient centered care focusing on respect, collaboration and shared decision making. It is therefore important that patients' rights are documented and known to patients. It is also important to provide education to patients related to their care. Better patient satisfaction or outcome is achieved when patients are adequately informed about their care, their rights are respected and they are involved in the decision-making process.

STANDARDS AND CRITERIA		
Standard	**PRE.1:**	**The hospital protects rights of patients.**
Criterion	**a.**	Patient rights are documented and displayed in English and applicable local language.
	b.	Patient rights are informed in a manner and language they understand.
	c.	Staff are aware of patient's right and protects them.
	d.	Violation of rights is reported, and action taken is documented.
Standard	**PRE.2:**	**The hospital informs patients about their responsibilities while receiving care.**
Criterion	**a.**	Patient responsibilities are documented and displayed in English and applicable local language.
	b.	Patients are informed about their responsibilities in a manner and language they understand.
	c.	Responsibilities include providing accurate information to care providers, facilitating the delivery of care and respecting the rights of staff.
Standard	**PRE.3:**	**The hospital identifies and documents the rights of patient supporting individual beliefs and values.**
Criterion	**a.**	Patient rights include privacy while receiving care.
	b.	Patient rights include dignity and respect while receiving care.
	c.	Patient rights include confidentiality of information.
	d.	Patient rights include personal safety and security.
	e.	Patient rights include informed consent.
	f.	Patient rights include refusal of treatment.
	g.	Patient rights include information on the expected cost of treatment.
	h.	Patient rights include access to his/her medical records.
	i.	Patient rights include right to complaint and how to voice a complaint.
	j.	Patient rights include information on treatment and healthcare needs.
	k.	Patient rights include respecting any special preferences, spiritual, cultural or other diversity related needs.
	l.	Patient rights include to seek an additional opinion regarding clinical

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		care.
Standard	**PRE.4:**	**The hospital educates the patient and family to make informed decisions and their involvement in care planning.**
Criterion	**a.**	Patients and /or family are educated about admission process and scope of hospital services.
	b.	Patients and/or family are informed and explained about the planned care and treatment.
	c.	Patients and/or family are explained about their medicines, nutrition, and use of medical equipment.
	d.	Patients are involved in shared-decision making about their own care by discussing their options for care and treatment and identifying and respecting their preferences or choices.
	e.	Patients and/or family are explained about how to continue their care at home after discharge from the hospital.
	f.	The patient and/or family members are explained about the possible complications.
	g.	The patient and/or family members are informed about the results of diagnostic tests and the diagnosis.
	h.	The education is written and communicated in a language that the patient and/or family understands.
	i.	The patient and/or family members are educated about the organ donation.
	j.	The patient and/or family members are educated about health promotion and wellbeing including prevention of infection, smoking cessation, exercise etc.
	k.	Patients and families are informed, where appropriate, about the hospital's environmental sustainability initiatives and encouraged to participate in practices that support sustainable care.
Standard	**PRE.5:**	**The hospital has a documented procedure for obtaining Informed Consent.**
Criterion	**a.**	Documented procedure incorporates the list of situations where informed consent is required and adheres to applicable statutory norms.
	b.	Informed consent includes information regarding the procedure, its risks, benefits, possible complication, alternatives and as to who will perform the procedure in a language that they can understand.
	c.	The procedure describes who can give consent when patient is incapable of independent decision making.
	d.	Informed consent is taken by the person performing the procedure.
Standard	**PRE.6:**	**The hospital addresses ethical dilemmas relating to patient care in a timely manner.**
Criterion	**a.**	The hospital has a documented procedure to receive and address ethical

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		dilemmas in a timely manner.
	b.	The procedure should include decisions not to treat, to withdraw, or discontinue treatment and where treatment is refused by the patient/family member.
Standard	**PRE.7:**	**The hospital has a documented complaint redressal system.**
Criterion	**a.**	A documented complaint redressal procedure exists.
	b.	The procedure includes how to receive, investigate and resolve complaints in a timely manner.
	c.	Patient and/or family is made aware of such procedure for making complaint.
	d.	The hospital uses the results of investigation to make improvements.
Standard	**PRE.8:**	**The hospital has a system for effective professional communication.**
Criterion	**a.**	The hospital develops and implements a procedure of communication for the medical care team for medical instructions, treatments and other requirements.
	b.	There is a policy about effective communication during patient handovers.
	c.	The policy includes situations requiring enhanced communication.

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Chapter 8
Medication Management and Safety (MMS)

Introduction

The purpose of the Medication Management and Safety chapter is to provide a frame work to define a safe and effective medication management system. Safe and effective medication management includes the processes for procurement, storage, prescribing, transcribing, preparing, dispensing and administration. All processes of Medication Management of the hospital comply with rules and regulations of the law of the land.

STANDARDS AND CRITERIA		
Standard	**MMS.1:**	**Documented policy and procedure exist for the management of medication.**
Criterion	**a.**	There is a documented policy and procedure on medication management and implemented.
	b.	A qualified individual (s) has oversight function of medication management in the hospital
	c.	The medication management system complies with the applicable laws and regulations.
Standard	**MMS.2:**	**The hospital develops a drug formulary based on the needs.**
Criterion	**a.**	A formulary based on the need as per scope of its services is developed by collaborative process by a multidisciplinary committee.
	b.	Formulary is reviewed and updated at least annually.
	c.	This formulary is made available to users and utilized effectively.
Standard	**MMS.3:**	**There is a documented process for procurement of medications and supplies.**
Criterion	**a.**	The hospital defines the process for procurement of medications and supplies.
	b.	The hospital has documented process to deal with situations when required medicine is not listed in the formulary.
	c.	High risk medications are defined, stored and used safely.
	d.	Concentrated electrolytes are stored in areas of the hospital where it is clinically necessary.
Standard	**MMS.4:**	**There is a documented policy and procedure for storage of medication.**
Criterion	**a.**	There is a documented policy and procedure for storage of medication.
	b.	The hospital ensures that medicines are stored according to manufacturer's recommendation.
	c.	A good inventory control system is implemented.
	d.	Look-alike and Sound-alike medications are identified and stored physically apart from each other.
	e.	Emergency medications are identified and readily available for use in patient care areas.
	f.	The hospital has a process for ensuring restocking of emergency medications.

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	g.	Prepared medication is labelled appropriately.
	h.	All expired or contaminated medicines are stored separately according to regulatory requirements to prevent inadvertent dispensing.
Standard	**MMS.5:**	**There is a documented policy and procedure for prescription of medication.**
Criterion	**a.**	Medication prescription is in consonance with the law, good practices and guidelines for the rational prescription of medications.
	b.	Only qualified healthcare providers according to licensure, training or certification can prescribe.
	c.	The hospital defines and implements minimum requirements of medication prescription as per law.
	d.	Medication orders are clear, legible, in capital letters, dated, timed, named and signed.
	e.	Drug allergies and previous adverse drug reactions are ascertained before prescribing.
	f.	The hospital determines and implements a policy and procedure for verbal orders.
	g.	A prescription audit is conducted periodically to ensure implementation of prescription policy.
	h.	Reconciliation of medications occurs at transition points of patient care.
Standard	**MMS.6:**	**A documented policy and procedure exist for safe dispensing of medications.**
Criterion	**a.**	A documented policy and procedure is implemented for dispensing of medications and return of medication to the pharmacy is included in the policy.
	b.	Medication preparation prior to dispensing and administration is done safely.
	c.	The policy includes a review process for medicine prescriptions before dispensing and it includes at-least right drug, right patient, right route, right dose and right frequency.
	d.	High risk medications are verified before dispensing.
	e.	There is a procedure for medication recall.
Standard	**MMS.7:**	**A documented policy and procedure exists for safe administration of medications.**
Criterion	**a.**	Documented policy and procedure exists for medication administration.
	b.	Medications administration is done only by those permitted by law.
	c.	Medication is verified from the order and physically inspected prior to administration.
	d.	Prior to administration, the personnel responsible should verify the patient, medication, strength, route and timing.
	e.	Medication administration is recorded in the patient records.
	f.	Patients are monitored after medication administration.
Standard	**MMS.8:**	**The hospital has a system of reporting and analysing errors relating to medications.**
Criterion	**a.**	Near miss, no harm, adverse event and sentinel event relating to drugs are defined.
	b.	Documented procedure exists to capture near miss, no harm, adverse drug

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		event and sentinel event relating to drugs.
	c.	Data is collected and analysed for such incidents to make improvement.
	d.	Corrective and/or preventive action(s) are taken based on the analysis.
Standard	**MMS.9:**	**There is a documented policy and procedure for the use of narcotic drugs, chemotherapeutic agents, radioactive agents and psychotropic substances.**
Criterion	**a.**	There is a documented policy for use of such medications in consonance with applicable regulations and best practices.
	b.	A documented procedure is implemented.
	c.	Narcotic drugs, chemotherapeutic agents, radioactive agents, and psychotropic substances are stored in a secure manner.
	d.	Narcotic drugs, chemotherapeutic agents, radioactive agents, and psychotropic substances are prepared properly and safely and administered by qualified personnel.
	e.	The administration of Narcotic drugs, chemotherapeutic agents, radioactive agents, and psychotropic substances is documented.
Standard	**MMS.10:**	**A documented process is used for the management of medical devices and implantable prosthesis.**
Criterion	**a.**	There is a defined process for acquisition of medical devices and implantable prosthesis.
	b.	Medical devices and implants are stored in a clean, safe and secure environment following the manufacturer's recommendation(s).
	c.	Medical devices and implantable prosthesis are used in a safe manner.
	d.	Sound inventory control practices guide storage of medical devices and implantable prosthesis.
	e.	The batch and the serial number of implantable prosthesis and medical devices are recorded in the patient's medical record, the master logbook and the discharge summary.
	f.	There is a procedure for recall of medical devices and implantable prosthesis and is implemented.
	g.	Materiovigilance programme is implemented as appropriate.

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Chapter 9
Surgical Care and Safety (SCS)

Introduction

It is important that the hospital has adequate infrastructure and competent staff to carry out various surgical procedures which are current and based on evidence as far as possible. Different policies and procedures are required to be in place to ensure that surgical procedures being performed provide desired outcomes and care is safe. Surgical procedures adhere to best practices for use of anaesthesia, use of blood and blood components. Patient safety is an integral component of care.

STANDARDS AND CRITERIA		
Standard	**SCS.1:**	**Documented procedure exists for the performance of various procedures/ surgery.**
Criterion	**a.**	The hospital defines and documents processes for various procedures/ surgery.
	b.	Only qualified individuals assess the patients, determine the need for surgery and perform the surgical procedure.
	c.	All phases of surgical care of the patient including pre, intra and post operation are appropriately and adequately planned, monitored and documented.
	d.	The hospital adheres to defined consent procedures as per statutory norms.
Standard	**SCS.2:**	**The hospital follows a documented procedure for surgical care.**
Criterion	**a.**	Documented policy and procedure guide surgical care.
	b.	Surgical or invasive procedure site is marked before procedure by the person performing the procedure.
	c.	The hospital uses a validated surgical safety checklist (e.g., WHO surgical safety checklist) to document the process for performing safe surgery
	d.	Procedure/ surgery notes and post procedure/ surgery care instructions are documented before the patient leaves the procedure location / post operative area.
Standard	**SCS.3:**	**Documented policy and procedure are used for administration of anaesthesia.**
Criterion	**a.**	Only qualified individuals conduct pre anaesthesia and pre induction assessments and administer anaesthesia for patients that require anaesthesia services.
	b.	A separate pre induction assessment is performed to re-evaluate patients immediately before the induction of anaesthesia.
	c.	The anaesthesia care of each patient is adequately planned; informed consent is obtained by anaesthetist and documented.
	d.	Patients/family are educated on the procedure of anaesthesia which includes the risks, benefits and alternatives and all these are documented in the patient records.

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	e.	The hospital has necessary, equipment, and supplies to safely administer anaesthesia and deal with potential or unintended outcomes.
	f.	Patient condition and vitals are monitored during anaesthesia.
	g.	Patients are monitored after anaesthesia till transfer out from recovery area and the same is documented.
	h.	Established criteria are used for transfer out from recovery area and the same is documented.
	i.	Adverse anaesthesia events are monitored, recorded and appropriately addressed.
Standard	**SCS.4:**	**Documented policy and procedure are used for administration of sedation.**
Criterion	**a.**	Only privileged and competent individuals administer sedation.
	b.	An assessment is performed prior to sedation to evaluate patient condition.
	c.	The care of patient under sedation is adequately planned. Informed consent is obtained by the doctor administering the sedation.
	d.	Patients/family are educated on the procedure of sedation which includes the risks, benefits and alternatives and all these are documented in the patient records.
	e.	The hospital has necessary equipment, supplies and personnel to safely administer sedation and to deal with potential or unintended outcomes.
	f.	Patient's condition and vitals are monitored during sedation.
	g.	Patients are monitored after sedation till recovery and the same is documented.
	h.	Person administering sedation and monitoring the patient will be separate from the person performing the procedure.
	i.	Established criteria are used for transfer out from recovery area and the same is documented.
Standard	**SCS.5:**	**Obstetric care is provided in safe and appropriate manner.**
Criterion	**a.**	Documented procedure exists for the care of obstetrics patients.
	b.	The scope of obstetric services is defined.
	c.	Appropriate facilities required for neonatal care are commensurate with the available scope of obstetrics services
	d.	Expectant Mothers undergo appropriate and regular ante-natal check-ups, maternal nutrition, diet counselling and post- natal care.
	e.	Appropriate peri-natal and post-natal monitoring should be carried out and documented.
	f.	Staff should be competent to provide care.
Standard	**SCS.6:**	**Documented procedure guide organ transplant programme.**
Criterion	**a.**	Organ transplant programme complies with statutory requirements.
	b.	Organ transplant programme is guided by written guidance.
	c.	Programme includes donor and recipient education and counselling by trained personnel.
	d.	The hospital promotes organ donation awareness.
Standard	**SCS.7:**	**There is a structured surgical-safety programme in the hospital.**

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Criterion	**a.**	A documented surgical-safety programme is implemented.
	b.	There is a designated individual for coordinating and implementing the surgical-safety programme.
	c.	The surgical-safety programme is reviewed and updated at least once in a year.
	d.	The surgical-safety programme including anesthesia safety covers relevant patient safety solutions.

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Chapter 10
Hygiene and Infection Control (HIC)

Introduction

Changing technology and disease profile continue to present new challenges for infection prevention and control within hospital. Patients are at risk of developing hospital associated infections because of decreased immunity among patients; the increasing variety of medical procedures and invasive techniques creating potential routes of infection; and the transmission of drug-resistant bacteria among crowded hospital populations, with poor infection control practices. Hospital associated infections are among the most common complications affecting patients.

STANDARDS AND CRITERIA		
Standard	**HIC.1:**	**The hospital has a documented infection prevention and control policy.**
Criterion	**a.**	The hospital has an infection prevention and control policy based on current evidence and best practices.
	b.	Management provides supervision and adequate resources.
	c.	Infection prevention and control is implemented in accordance with statutory requirements.
	d.	Infection prevention and control includes an hospital wide implemented antimicrobial stewardship programme.
Standard	**HIC.2:**	**The hospital has a comprehensive infection prevention and control programme.**
Criterion	**a.**	There is a documented infection prevention & control programme that covers clinical and non-clinical areas and is managed by appropriately trained individual(s).
	b.	The hospital has a multidisciplinary Infection Control committee.
	c.	Hospital has infection control team consisting of infection control officer and Infection control nurse(s) for coordination of infection control activities.
	d.	The infection control programme is reviewed and updated at least annually.
	e.	The programme includes hand hygiene practices.
	f.	The programme includes requirements of patient and staff safety.
Standard	**HIC.3:**	**Infection prevention and control programme includes clinical services.**
Criterion	**a.**	High risk areas and procedures are defined and monitored.
	b.	Infection prevention and control programme covers critical care areas.
	c.	Infection prevention and control programme covers surgical services.
	d.	Infection prevention and control programme covers safe infusion and injection practices.
	e.	Infection prevention and control programme covers isolation & barrier nursing activities as appropriate.
	f.	Infection prevention and control programme covers diagnostic services and blood bank.
Standard	**HIC.4:**	**Infection prevention and control programme includes ancillary services.**
Criterion	**a.**	The hospital has policies and protocols for safe handling for used, soiled and clean linen.

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	b.	Various categories of linen including blankets and scrubs issued by hospitals are transported, processed and stored in a safe manner preventing cross contamination.
	c.	The hospital adheres to kitchen sanitation measures to reduce the risk of infection.
	d.	Food is prepared, transported and distributed using proper sanitation and temperature to prevent contamination.
	e.	The hospital adheres to housekeeping practices consistent with infection prevention and control.
	f.	Appropriate engineering and administrative controls are implemented for infection prevention and control.
	g.	The hospital implements preconstruction risk assessment and implements measures for mitigation of identified risk.
	h.	The hospital adheres to appropriate isolation facilities for managing infectious cases and those patients prone to infection.
	i.	The hospital adheres to appropriate infection control measures in the mortuary.
	j.	The airflow, ventilation, humidity control should be maintained as per guidelines to minimize and to prevent the risk of infection in the hospital.
Standard	**HIC.5:**	**There is a documented process to ensure cleaning, disinfection and sterilization practices across the hospital.**
Criterion	**a.**	Cleaning, disinfection and sterilization are defined and implemented across the various units.
	b.	The hospital has identified area with adequate space for sterilization activities with proper zoning to avoid cross- contamination.
	c.	The process of disinfection & sterilization is defined and implemented in accordance with the current good practice guidelines and as per manufacture recommendation (wherever applicable).
	d.	Disinfected and sterilized instruments are stored in designated areas.
	e.	There is a documented policy for single use devices.
	f.	Sterilization and disinfection procedures includes processing of instruments obtained on loan/owned by consultants (whether full time, part time or visiting).
	g.	Recall procedure is in place in case of breakdown in sterilisation.
Standard	**HIC.6:**	**The hospital has a documented policy on biomedical waste segregation and disposal in accordance with statutory regulations.**
Criterion	**a.**	A documented policy on handling biomedical waste exists and complies with statutory requirements.
	b.	Waste segregation is performed at the site of generation.
	c.	Appropriate personal protective equipment is available and used while handling the waste.
	d.	The hospital identifies a centralised area for collection of medical and non-medical wastes in accordance with statutory regulations.
	e.	The centralised area for waste collection is secured and free from seepage, leakage, pests and animals.
	f.	There is a process of safe transportation within the hospital.
	g.	Staff is appropriately trained to handle biomedical waste.
Standard	**HIC.7:**	**The hospital addresses occupational health requirements relating to**

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		infection control for staff.
Criterion	**a.**	The hospital has system for appropriate use and disposal of Personal Protective Equipment (PPEs).
	b.	Adequate and appropriate PPE must be available at the point of use across various departments.
	c.	Staff is appropriately vaccinated and the same is documented.
	d.	Appropriate Post Exposure prophylaxis protocols are implemented.
	e.	Adequate hand-washing facilities with liquid soap/ disinfectants and hand drying facilities should be available in all patient care areas.
Standard	**HIC.8:**	**The hospital implements monitoring & surveillance for infection prevention and control.**
Criterion	**a.**	Mechanism of prevention and control of Healthcare Associated Infection (HAIs) are implemented.
	b.	Mechanism of prevention and control of Healthcare Associated Infection (HAIs) is monitored.
	c.	Healthcare Associated Infection surveillance is implemented for clinical and ancillary services.
	d.	Regular audits are in place for infection prevention and control activities.
	e.	Periodic infection control risk assessment is carried out using a validated tool.
	f.	Appropriate corrective and preventive actions are implemented and documented based on the identified gaps.

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Glossary

Following is a compilation of some commonly-used terms in this standard. This is to support the understanding of the standard.

Accreditation	A self-assessment and external peer review process used by health care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system. (ISQua)
Adverse drug event	**Adverse event:** Any untoward medical occurrence that may present during treatment with a pharmaceutical product, but which *does not necessarily have a causal relationship* with this treatment. **Adverse Drug Reaction:** A response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function. Therefore ADR = Adverse Event with a causal link to a drug. Adverse drug event: The FDA recognizes the term adverse drug event to be a synonym for adverse event. In the patient-safety literature, the terms adverse drug event and adverse event usually denote a causal association between the drug and the event, but there is a wide spectrum of definitions for these terms, including harm caused by a • drug • harm caused by drug use, and • a medication error with or without harm Institute of Medicine: "An injury resulting from medical intervention related to a drug", which has been simplified to "an injury resulting from the use of a drug" Adverse drug events extend beyond adverse drug reactions to include harm from overdoses and under-doses usually related to medication errors. A minority of adverse drug events is medication errors, and medication errors rarely result in adverse drug events.
Adverse event	Unintended injuries or complications that are caused by the management of a patient/service user's care, rather than by the underlying disease. Such complications can lead to death, disability or a prolonged hospital stay.
Ambulance	A patient carrying vehicle having facilities to provide, unless otherwise indicated, at least basic life support during the process of transportation of patient. There are various types of ambulances that provide special services viz. coronary care ambulance, trauma ambulance, air ambulance, etc. An ambulance must be registered with the State Transport Authorities as 'ambulance'.
Anaesthesia	Loss of bodily sensation with or without loss of consciousness
Assessment	All activities including history taking, physical examination, laboratory

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	investigations that contribute towards determining the prevailing clinical status of the patient.
Breakdown maintenance	Activities which are associated with the repair and servicing of site infrastructure, buildings, plant or equipment within the site's agreed building capacity allocation which have become inoperable or unusable because of the failure of component parts.
Care Plan	A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.
Credentialing	The process of obtaining, verifying and assessing the qualification of a healthcare professional.
Data	Facts or information used usually to calculate analyse or plan something.
Discharge summary/ note	A part of a patient record that summarises the reasons for procedure/ admission, significant clinical findings, procedures performed, treatment rendered, patient's condition on discharge and any specific instructions given to the patient or family (for example follow-up medications).
Ethics	Moral principles that govern a person's or group's behaviour as professionals.
Family	The person(s) with a significant role in the patient's life. It mainly includes spouse, children and parents. It may also include a person not legally related to the patient but can make healthcare decisions for a patient if the patient loses decision-making ability.
Formulary	An approved list of drugs. Drugs contained on the formulary are generally those that are determined to be cost effective and medically effective. The list is compiled by professionals and physicians in the field and is updated at regular intervals.
Grievance- handling procedure	Sequence of activities carried out to address the grievances of patients, visitors, relatives and staff.
Hazardous materials	Substances dangerous to human and other living organisms. They include radioactive or chemical materials.
Hospital- associated infection	Hospital-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. (CDC) This was earlier referred to as Nosocomial/hospital-acquired infections
Health promotion	Health promotion is the process of enabling people to increase control over,

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	and to improve their health. (Health Promotion Glossary, 1998, WHO)
High Risk /High Alert Medications	High-risk / high-alert medications can be defined as those drugs that have a heightened risk for adverse events or have heightened risk of catastrophic harm whenever there is an error. These drugs include generally have low therapeutic index.
High Risk Services	Services that have heightened risk of adverse events or harm to the patient (s) or care provider (s).
Indicator	A statistical measure of the performance of functions, systems or processes overtime. For example, healthcare associated infection rate, mortality rate, turn-around time etc.
Information	Processed data which lends meaning to the raw data.
Informed Consent	1. Willingness of a party to undergo examination/procedure/ treatment by a healthcare provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which the healthcare provider has a duty to inform his/her patient about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits so as to enable the patient to take an informed decision of his/her health care. 2. In law, it means active acquiescence or silent compliance by a person legally capable of consenting. In India legal age of consent is 18 years. It may be evidenced by words or acts or by silence when silence implies concurrence. Actual or implied consent is necessarily an element in every contract and every agreement.
Inventory control	The method of supervising the intake, use and disposal of various goods in hands. It relates to supervision of the supply, storage and accessibility of items in order to ensure adequate supply without stock-outs/excessive storage. It is also the process of balancing ordering costs against carrying costs of the inventory so as to minimise total costs.
Job description	1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job. 2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes **job specifications** that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.
Laws	Legal document setting forth the rules of governing a particular kind of activity, e.g. organ transplantation act, which governs the rules for undertaking organ transplantation.

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Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (British Standard 3811:1993)
Medical equipment	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of patient.
Medication Order	A written order by a physician, dentist, or other designated health professional for a medication to be dispensed by a pharmacy for administration to a patient. Primary difference between *Prescription & Medication Order* is that the medication order is used after Prescription, to get medicines issued/ dispensed from Pharmacy. Medication Order is an active Record, while Prescription is a Document.
Mission	An organisation's purpose. This refers to the overall function of an organisation. The mission answers the question, "What is this organisation attempting to accomplish?" The mission might define patients, stakeholders, or markets served, distinctive or core competencies, or technologies used.
Monitoring	The performance and analysis of routine measurements aimed at identifying and detecting changes in the health status or the environment, e.g. monitoring of growth and nutritional status, air quality in operation theatre. It requires careful planning and use of standardised procedures and methods of data collection.
No harm	This is used synonymously with near miss. However, some authors draw a distinction between these two phrases. A near-miss is defined when an error is realised just in the nick of time and abortive action is instituted to cut short its translation. In no harm scenario, the error is not recognised and the deed is done but fortunately for the healthcare professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reactions to administered drugs in allergic patients. A prophylactic injection of cephalosporin may be stopped in time because it suddenly transpires that the patient is known to be allergic to penicillin (near-miss). If this vital piece of information is overlooked and the cephalosporin administered, the patient may fortunately not develop an anaphylactic reaction (no harm event).
Notifiable disease	Certain specified diseases, which are required by law to be notified to the public health authorities. Under the international health regulation (WHO's International Health Regulations 2005) the following diseases are notifiable to WHO: (a) Smallpox (b) Poliomyelitis due to wild-type poliovirus (c) Human influenza caused by a new subtype (d) Severe acute respiratory syndrome (SARS). In India, the following is an indicative list of diseases which are also notifiable,

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	but may vary from state to state: (a) Polio (b) Influenza (c) Malaria (d) Rabies (e) HIV/AIDS (f) Louse-born typhus (g) Tuberculosis (h) Leprosy (i) Leptospirosis (j) Viral hepatitis (k) Dengue fever (l) COVID-19 The various diseases notifiable under the factories are lead poisoning, byssinosis, anthrax, asbestosis and silicosis.
Occupational health hazard	The hazards to which an individual is exposed during the course of performance of his job. These include physical, chemical, biological, mechanical and psychosocial hazards.
Organogram/ Organisation structure	A graphic representation of reporting/hierarchical relationship (s) in an organisation.
Outsourcing	Hiring of services and facilities from other organisation based upon one's own requirement in areas where such facilities are either not available at all or temporarily not available. For example, outsourcing of house-keeping, security, specific diagnostic facilities.
Patient record/ medical record/ clinical record	A document which contains the chronological sequence of events that a patient undergoes during his stay in the hospitals. It includes demographic data of the patient, assessment findings, diagnosis, consultations, procedures undergone, progress notes and discharge summary. (Death certificate, where applicable)
Patient Satisfaction	Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of Health care providers.
People-centred care	Care that is focused and organised around the health needs and expectations of people and communities rather than on diseases. People-centred care extends the concept of patient-centred care to individuals, families, communities and society. Whereas patient-centred care is commonly understood as focusing on the individual seeking care—the patient—people-centred care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services. (WHO)

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Personal protective equipment	Personal protective equipment is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter.
Prescription	A prescription is a document given by a physician or other healthcare practitioner in the form of instructions that govern the care plan for an individual patient.
Privileging	It is the process for authorising all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications and skills.
Procedure	A specified way to carry out an activity or a process (ISO 9000).
Process	A set of interrelated or interacting activities which transforms inputs into outputs (ISO 9000).
Programme	A sequence of activities designed to implement policies and accomplish objectives.
Prosthesis	A prosthesis or prosthetic implant is an artificial device that replaces a missing body part, which may be lost through trauma, disease, or a condition present at birth. Prostheses are intended to restore the normal functions of the missing body part.
Quality	• Degree to which a set of inherent characteristics fulfil requirements (ISO 9000). • Characteristics imply a distinguishing feature (ISO 9000). • Degree of adherence to pre-established criteria or standards.
Quality assurance	Part of quality management focussed on providing confidence that quality requirements will be fulfilled (ISO 9000).
Quality improvement	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.
Re-assessment	It implies continuous and ongoing assessment of the patient which is recorded in the medical records as progress notes.
Resources	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, metres (space), skills, knowledge and information that are needed for efficient and effective functioning of an organisation.
Risk management	Clinical and administrative activities to identify evaluate and reduce the risk of injury.

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Safety	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
Patient - safety Programme	A Programme focused on patient safety to ensure patient remains safe while receiving care.
Scope of services	Range of clinical and supportive activities that are provided by a hospital.
Security	Protection from loss, destruction, tampering, and unauthorised access or use.
Sedation	The administration to an individual, in any setting for any purpose, by any route, moderate or deep sedation. There are three levels of sedation: **Minimal sedation** (anxiolysis) - A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are not affected. **Moderate sedation**/analgesia (conscious sedation) - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are needed to maintain a patent airway. **Deep sedation**/analgesia-A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated or painful stimulation. Patients may need help in maintaining a patent airway.
Sentinel events	A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or **major and enduring loss of function** for a recipient of healthcare services. **Major and enduring loss of function** *refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.*
Staff	All personnel working in the organisation including employees, "fee-for-service" medical professionals, part-time workers, contractual personnel and volunteers.
Standards	A statement of expectation that defines the structures and process that must be substantially in place in an organisation to enhance the quality of care.
Sterilisation	It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.
Transfusion reaction	A transfusion reaction is a problem that occurs after a patient receives a transfusion of blood or blood component.
Values	The fundamental beliefs that drive organisational behaviour and decision-making. This refers to the guiding principles and behaviours that embody how

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	an organisation and its people are expected to operate. Values reflect and reinforce the desired culture of an organisation.
Vision	An overarching statement of the way an organisation wants to be, an ideal state of being at a future point. This refers to the desired future state of an organisation. The vision describes where the organisation is headed, what it intends to be, or how it wishes to be perceived in the future.
Vulnerable patient	Those patients who are prone to injury and disease by virtue of their age, sex, physical, mental and immunological status, e.g., infants, elderly, physically- and mentally-challenged, semiconscious/ unconscious, those on immunosuppressive and/or chemotherapeutic agents.

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